

**GEORGIA INSTITUTE OF TECHNOLOGY
REPORT ON OUTSIDE PROFESSIONAL ACTIVITY
AND POTENTIAL CONFLICT OF INTEREST**

Name _____ Title _____

Unit _____

This request is being made pursuant to one of the following:

___ annual disclosure as required by the Georgia Institute of Technology Faculty Handbook (due every July 1)

___ an update of my annual disclosure

___ in connection with my involvement as investigator in a proposal entitled:

_____ where _____ is the sponsor.

___ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT
(Please check ONLY if you have no external income-producing activities AND no possible conflicts of interest. Then, proceed to Part II and submit to your unit head.)

Part I Conflict-of-Interest Screening Questions

1. Do you have a consulting or other financial relationship with any sponsor of any of your research?

___ Yes (if so, please list and explain in an *attached statement*) ___ No

2. Do you or any member of your immediate family have a managerial role or a significant financial interest or a substantial¹ interest in any company in a field of your research or in any company that does business with the Institute?

___ Yes (if so, please list and explain in an *attached statement*) ___ No

3. Do you have non-Institute professional or income-producing activities involving either the Georgia Institute of Technology students, faculty or other staff?

___ Yes (if so, please list those involved and explain in an *attached statement*) ___ No

4. Do you or any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest with your Georgia Institute of Technology appointment? Such relationships may include financial or fiduciary interests or uncompensated activities.²

___ Yes (if so, please list and explain in an *attached statement*) ___ No

Part II Listing of Non-Institute Income-Producing Activities and/or Proposed Consulting Activities

(Do not include amounts of compensation. Attach *additional sheets* if necessary.)

Nature of your Activities	For whom: (e.g., Company/organization)	Period of time for which permission is requested	Total Amount of Time involved and how such time is distributed
---------------------------	--	--	--

Part III Affirmation

In submitting this form I affirm that the above information is true to the best of my knowledge and I certify that I have read and understood the Conflict of Interest Policy, as set forth in the Georgia Institute of Technology Faculty Handbook, that I have made all required disclosures, and that I will comply with any conditions or restrictions imposed by the Institute to manage, reduce or eliminate conflicts of interest.

Staff Members Signature _____ Date _____

Please submit to your unit head for administrative review and approval.

¹See the definitions of '-significant financial interest-' and '-substantial interest-' as set forth in the Faculty Handbook Conflict of Interest Policy Section.

²As defined in the Faculty Handbook, Conflict of Interest Policy Section.

INSTITUTE REVIEW AND APPROVAL

If No Activity is Reported:

_____ No activity is reported and to the best of my knowledge no conflict of interest or commitment exists
(Sign form and retain in departmental files.)

If Any Activity is Reported:

(Please complete the Conflict-of-Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of forms.)

Conflict-of-Interest Review

Based on the activity reported, and to the best of my knowledge and in my judgment:

- a) _____ No conflict of interest exists.
- b) _____ A conflict of interest may exist, but is being monitored by the department. (If so, please attach an explanation and forward to Department Head or Dean.)
- c) _____ A conflict of interest exists but can be managed, reduced or eliminated prior to Georgia Tech's expenditure of any funds. *(If so, please attach an explanation and forward to Department Head or Dean.)*
- d) _____ A conflict of interest exists but cannot be managed, reduced or eliminated and needs to be reported to the Sponsor. *(If so, please attach an explanation and forward to Department Head or Dean.)*

Please complete if question 3 on the front of the form is answered affirmatively:

As described by the academic staff member, the involvement of Georgia Institute of Technology students, faculty, and/or staff in his/her non-university activities does not appear to be detrimental to those individuals.

- a) _____ Agree
- b) _____ Disagree *(If so, please attach an explanation and forward to Dean.)*

Approval of Activities

- _____ No prospective activities are reported or all prospective activities are approved.
- _____ Some or all prospective activities are not approved.
(Attach explanation, sign form, and forward to Department Head or Dean.)

Department Head Signature _____ Date _____
(If approval needed)

Dean or Vice President/
Provost Signature _____ Date _____
(if approval needed)

Vice Provost for
Continuing Education _____ Date _____
(if approval needed)